

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

*** May be used for additional claims or amendments**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Total Indep	Total Depend	Total Claims	*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend				Indep	Depend	Indep
1							51					
2							52					
3							53					
4							54					
5							55					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend	9						Total Depend					
Total Claims	10						Total Claims					